

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY****MOTION AND ORDER TO SHOW CAUSE  
FOR CONTEMPT (MEDICAL)****CASE NO.**

Friend of the Court address

Telephone no.

Plaintiff's name, address, and telephone no.

**MOTION**

I state:

1. The office of the friend of the court has reviewed the records and determined the respondent

Attorney:

**v**

Defendant's name, address, and telephone no.

Name of respondent

has failed to obtain or maintain health care coverage for the child(ren) as ordered by the court.

2. **I request** the court to issue an order to show cause why the respondent above should not be found in contempt for failure to comply with the court's order.

Attorney:

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date

Friend of the court/Authorized representative

**ORDER****IT IS ORDERED:**

3. \_\_\_\_\_ shall appear on \_\_\_\_\_  
Name of respondent Date

at \_\_\_\_\_ at \_\_\_\_\_  
Time Location

to show cause why s/he should not be held in contempt for failure to comply with the court's order. If the named party fails to appear, s/he may be found in contempt and a bench warrant may be issued for his/her arrest. If contempt is found, the court may apply any enforcement remedy allowed under law.

- ☐ 4. This matter will be heard before a referee; however, this matter may be taken before the judge for immediate hearing if necessary.

Date

Judge signature

**Notice regarding hearing:**

Each party attending the hearing must dress in a manner appropriate for a court hearing and must not carry any weapons into the courthouse or office of the friend of the court.

- ☐ Do not bring any child to court who will not be called to testify.  
☐ Complete the attached forms that apply, following the instructions provided.

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this motion and order on the parties and their attorneys by first class mail addressed to their last known addresses as defined in MCR 3.203.

Date

Signature

MCL 552.511, MCL 552.625(a), MCL 552.626a, MCL 552.631, MCR 3.208(B)(1)